CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 19.2
TITLE: ELECTRICAL STIMULATION OF BONE

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(i)

I. EFFECTIVE DATE

October 6, 1988

II. PROCEDURE CODE(S)

20974-20975, 20670, 20680

III. DESCRIPTION

Electrical stimulation to augment bone repair can be accomplished through one of the following methods.

1. A totally invasive method in which electrodes and power pack are surgically implanted within the extremity.

2. A semi-invasive method in which electrodes penetrate the fracture and the power pack is externally placed and the leads are connected to the inserted electrodes.

3. A totally noninvasive method in which the electrodes are placed over the cast surface and are connected to an external power pack.

IV. POLICY

A. Use of the invasive and semi-invasive types of devices are covered for nonunion of long bone fractures.

B. Use of the noninvasive type of device is covered for the following procedures.

1. Nonunion of long bone fractures.

2. Failed fusion.

3. Congenital pseudo-arthrosis.

C. Use of the invasive or noninvasive type of device is covered as an adjunct to spinal fusions to increase the probability of fusion success.

1. Patients at high risk for pseudo-arthrosis, including those patients with:

a. one or more failed fusions;

b. grade 2 or 3 spondylolitheis; or

c. fusions at more than one level.

2. Fusions performed on patients considered to at high risk (i.e., smokers, obese, etc.).

D. A nonunion fracture is determined to exist when serial radiographs have confirmed that the fracture healing has ceased for 3 or more months from the date of fracture.

E. When determined to be medically necessary, the electrical bone stimulator may be rented following the durable medical equipment reimbursement procedures outlined in Chapter 2, Section 17.1, *Durable Medical Equipment and Supplies.*

F. When determined to be medically necessary, repairs, adjustments and accessories necessary for the effective functioning of the device, and removal and replacement of the covered device, as well as associated surgical costs may also be considered for cost-sharing.

END OF POLICY